

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** SYMICEK AFH (390224)  
**Address:** 834 CENTER ST, HARTFORD, WI 53027  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/1998  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0093499      **End Date:** 10/22/2004      **Type:** STANDARD      **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Survey ID:** 0093137      **End Date:** 07/28/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008033    Served 08/17/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	10/22/2004	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	10/22/2004	Yes
88.04(2)(a)	RESPONSIBILITIES	10/22/2004	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	10/22/2004	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	10/22/2004	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	10/22/2004	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	10/22/2004	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	10/22/2004	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	10/22/2004	Yes
88.06(3)(f)	REVIEW OF ISP	10/22/2004	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	10/22/2004	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/22/2004	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	10/22/2004	Yes

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

<b>Enforcement History</b>
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**Date: 08/16/2004      SOD #10008033      Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION  
NO NEW ADMISSIONS

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